



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

9535 E. Doubletree Ranch Road, Suite 100 Scottsdale, AZ 85258

Phone: 602-364-1PET (1738) Fax: 602-364-1039

VERIFICATION OF LICENSURE

APPLICANT AUTHORIZATION:

Name: _____ License Number: _____

Address: _____
Street City State Zip

I authorize the Veterinary Medical Board of _____ (State) to release the information below to the Arizona State Veterinary Medical Examining Board.

Applicant's Signature _____
Date _____

BOARD VERIFICATION:

Board Address: _____
Street City State Zip

Board Phone: _____ Board Fax: _____

Veterinarian's License Number: _____

Date License Issued: _____ Expiration Date: _____

Current License Status: (Active, Inactive, Lapsed, etc.): _____

Disciplinary Action: _____ No _____ Yes

Current Disciplinary Action: _____ No _____ Yes

Pending Disciplinary Action: _____ No _____ Yes

If "yes" to any disciplinary action, please attach a certified copy of the Findings of Fact, Conclusions of Law, and Final Order, or the charges of a pending case.

Name of Board Official: _____
Please Print

Signature of Board Official: _____

Title of Board Official: _____ Date of Signature _____

Official Board Seal: